PATENT ATTORNEY DOCKET NO. 01942-00007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applic	ation of:)				
	Eija Marjut Pirhonen, Timo Pohjonen, and Jan Nieuwenhuis		Examiner: Micah-Paul Young			
Serial No.:	10/006,796) Ar	rt Unit: 1618			
Filed:	December 4, 2001) Ca	onf. No.: 9843			
	DEGRADABLE IMPLANT AND THOD FOR MANUFACTURING ONE)))				
Mail Stop RC	'E					

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Arlington, VA 22313-1450

TRANSMITTAL LETTER

Sir:

In regard to the above identified application, we are transmitting herewith the attached:

- 1. Supplemental Amendment and Response to Final Office Action, with Attachment A;
- 2. Request for Continued Examination;
- 3. Declaration of Eija Pirhonen; and
- 4. Petition for Three-Month Extension of Time.

With respect to additional fees:

	A.	No additional fee is required.					
X	В.	An additional fee is required and has been calculated as shown below:					

CLAIMS AS A	MENDED						
(1)	(2) Claims Re maining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee	
Total Claims	16	Minus	17	0	X \$25	= \$0.00	
Indep. Claims	4	Minus	4	0	X \$100	= \$0.00	
			Total Additiona	al Claims Fees	\$0.00		
Petition/Request for Extension of Time			_3_ months		\$510.00		
Request for Continued Examination					\$395.00		
			Total Additional Amendment	al Fees for this	\$905.00		

*** Each multiple de										
	C. Attach	ed is a chec	ck in the amo	ount	of \$	<u>.</u>	·			
X	of \$ <u>90</u>	The Commissioner is hereby authorized to charge the total additional fees of \$905.00 to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.								
	E. The C		er is hereby Deposit Acc					Petitio	on fee	of
The Co.	mmissioner	is hereby	authorized	to	charge	any	additional	fees	or cr	edit
overpayment to	Deposit Acc	ount No. 19	9-0733.							
				Resp	ectfully	subr	nitted,			

Dated: Jul 21, 2007

John P. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD. 28 State Street, 28th Floor Boston, MA 02109 (617) 720-9600

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} Eac